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FAX COVER SHEET

DATE: November 28, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: GORDON, RAEANN
Facsimile No.: 571-273-8300

FROM: Troy R. Lester
Customer Number: 40990
Phone No.: 508-979-3534

RE: Application Serial No.: 10/773,906
Response to Restriction Requirement of 09/29/05

Pages including cover sheet: 10

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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence (10 pages), including this facsimile cover sheet, a signed Response to Restriction Requirement (7 pages), a fee transmittal (1 page), and a Petition for Extension of Time (1 page), is being facsimile transmitted to the United States Patent and Trademark Office, Art Unit 3711

on November 28, 2005
Date


Signature

Michelle Lima
Name of person signing Certificate

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

Complete If Known

Application Number	10/773,906
Filing Date	February 6, 2004
First Named Inventor	Michael J. Sullivan
Examiner Name	GORDON, RAEANN
Art Unit	3711
Attorney Docket No.	B03-70

METHOD OF PAYMENT

Deposit Account

Deposit Account Number: 502309Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	50	0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	200	0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =		250	

4. OTHER FEES

Extension for response within first month \$120

Click to select

Fee Paid (\$)
120

SUBMITTED BY

Signature



Registration No. 36,200

Telephone 508-979-3534

Name

Troy R. Lester

Date

11-28-05